

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027173

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 131

FILED JUL 22 1963

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Butler | | c. CITY OR TOWN Butler | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Bates Co. Hosp. | | d. STREET ADDRESS 415 1/2 Mechanic | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Earl T. Middle Theodore Last Garzee | | 4. DATE OF DEATH Month July Day 13 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-3-1882 |
| 9. AGE (last birthday) 81 | | IF UNDER 1 YEAR Months 5 Days 10 Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | |
| 11. BIRTHPLACE (City and state or country) Chillicathe, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Earnest T. Garzee | | 13b. MOTHER'S MAIDEN NAME Mary Lewis | |
| 14. NAME OF HUSBAND OR WIFE Stella Garzee | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) No. | |
| 16. SOCIAL SECURITY NO. 97 | | 17. INFORMANT Stella Garzee 415 1/2 Mechanic | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None | |
| 20c. TIME OF INJURY Hour None a.m. None p.m. None | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | 20f. CITY, TOWN, OR LOCATION Butler, Mo. |
| 21. I attended the deceased from 7-12-63 to 7-13-63 and last saw him alive on 7-13-63 Death occurred at 5:45 pm on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Douglas P. Howard MD (Degree or title) 22b. ADDRESS Butler, Mo. 22c. DATE SIGNED 7-15-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-25-1963 | 23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery | 23d. LOCATION (City, town, or county) Butler, Mo. |
| 24. FUNERAL DIRECTOR Culver Underwood Butler, Mo. | 25. DATE RECD. BY LOCAL REG. 7-15-1963 | 26. REGISTRAR'S SIGNATURE Norma Jean Wilson | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed John F. Anderson
 Licensed Embalmer No. 3565

P. O. Address Butler, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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1800

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Permit issued 7-15-63 NWL